

Prevalence of Human Immunodeficiency Virus Type 2 (HIV-2) in Mozambique

C.A. Semá

National Institute of Health, Mapu, Mozambique

Background: In Mozambique, last information available about HIV-2 infection is from 1990. Since then, tests used for routine HIV infection diagnosis are not appropriate to differentiate HIV-1 from HIV-2. Currently none information on HIV-2 epidemic is available in this country.

Objective: Report occurrence of HIV-2 infection in Mozambique.

Methods: 750 plasma samples from pregnant women with HIV 1/2 infection who attended 24 sentinel post for HIV surveillance were tested to detect antibodies anti-HIV-2. HIV-2 diagnosis was done based on a simple and rapid 3rd generation test FIRST RESPONSE HIV CARD TEST 1-2.0 (PCM Medical, Pvt Lda, India). All HIV-2 positive plasma samples were retested Western Blot NEW LAV BLOT I e NEW LAV BLOT 2 (Bio-Rad, USA). Statistical analysis was performed with EpiInfo V 3.3 (CDC, October 2007).

Results: From 750 plasma samples tested, 2.8% (21) of samples were positive for HIV-2 using a rapid test. All positive samples were tested with Western Blot, where 1.3% (10/750) had dual infection HIV-1 and HIV-2, 1.2% (9/750) had mono-infection with HIV-1 and 0.27% (2/750) had mono-infection with HIV-2.

Conclusion: HIV-2 infection is prevalent in Mozambique. However, this infection is not being diagnosed once tests used are not appropriate for HIV-2 detection. Introduction of HIV-2 tests under the national health testing policy might give additional benefit to avoid inappropriate use of non nucleoside reverse transcriptase inhibitors in HIV-2 infected individuals.

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Behavioral Change in Female sex workers of Lahore, Pakistan, for HIV/AIDS prevention

I. Shahzadi*, F. Jalil

Contech International Health Consultants, Lahore, Pakistan

Background: Although commercial sex is illegal in Pakistan, the number of FSWs in Lahore is on the increase. The dynamics are also fast changing. Traditional big brothels are fast dwindling, while small brothels called kothikhanas are disappearing. Majority of the FSWs now operate from homes (52%), while 25% of street based work from small hotels. Thus, the obvious is disappearing to avoid discrimination and marginalization. While discrimination becomes less for home based and street based. Identification of these categories of FSWs for any preventive measure against HIV has become increasingly difficult particularly because of prevalent illiteracy, thus increasing their vulnerability to HIV infection and STIs.

Description: There was a dire need to promote safe sex. Four special health centers were established under PACP in areas of FSW concentrations. The defined targets were to improve the knowledge about transmission and preven-

strategies were used to provide PHC to gain confidence of FSWs and local communities but importantly to inform, counsel, provide skills and empower FSWs to practice safe sex. Four rounds of counseling were carried out using IPC as the major tool. The first round provided knowledge while the rest were focused on changing behavior, attitude and practices. Trained peer educators played a very important role throughout. The project is in its fourth year of implementation. There are encouraging changes in the indicators.

Lessons learned: The success of the intervention is evident by the consistent use of condoms in majority and ability to negotiate with their clients. FSWs who have been empowered are greatest advocates of the project as they convince their fellow FSWs and clients on using condoms.

Recommendations: Such innovative interventions may be expanded to other high risk groups and areas.

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Awareness of HIV Status in South Africa: A National Household Survey vs. a Private Security Sector Survey

V. Pillay*, T. Rehle, L. Simbayi, K. Zuma, S. Jooste

Human Sciences Research Council, Cape Town, South Africa

Background and objectives: Over five million South Africans were reported to be living with HIV/AIDS in 2005. This paper analyses awareness of HIV status among the general public in South Africa and employees in the private security sector.

Methods: A national household survey was conducted in South Africa in 2005 and a survey of employees in the private security sector in 2007. Individuals 15 years and older were interviewed in the national household survey; and employees in all categories of work in the private security sector survey. Awareness of HIV status was analysed by sex and age differentials, race group and education level. Chi-squared analysis was used for significance testing.

Results: More respondents were aware of their HIV status in the private security sector compared to the general public (50.6% vs. 34.0%; $p < 0.001$). Over two thirds of respondents in both surveys reported to have had their most recent HIV test in the last 2 years (69.4% in the private security sector vs. 70.6% in the general public). Higher levels of awareness of HIV status was observed among private security employees compared to the general public. An almost two-fold difference in awareness of HIV status was observed among i) females i.e. 63.5% vs. 37.1%; $p < 0.001$, ii) respondents < 25 years of age i.e. 40.8% vs. 22.3%; $p < 0.001$ and iii) respondents with low education levels (< grade 12), i.e. 48.4% vs. 24.1%; $p < 0.001$. 67.6% of the respondents in the household survey who did not know their HIV status reported to be unemployed.

Conclusion: A significantly higher proportion of employees in the private security sector were aware of their HIV status when compared to the general public. People that are employed seem to be more willing to get tested for HIV.

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